

☐ NEW☐ RENEWAL

## Alarm Business License Application Metro Louisville/Jefferson County, KY

Make check payable to: False Alarm Reduction Unit  
Mail application and required forms to: Pam Steiger, LMPD  
768 Barret Avenue, Room 410  
Louisville, KY 40204

Annual License Fee - \$100.00

Alarm Business Name:		License #:		License Expires:	
Business Address:					
City:				State:	Zip:
D/B/A:		E-mail Address:			
Local Address:					
City:				State:	Zip:
Office Phone #:		FAX #:		Home #:	
				Cell #:	
State of Incorporation:			Revenue Commission #:		
Are you in the business of:		Installing <input type="checkbox"/> Yes <input type="checkbox"/> No		Servicing <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you do not monitor, please list who you use:		Business Name:			
Address:		City/State/Zip:		Phone #:	
<b>List below the Names, Addresses and License Numbers for all Alarm Technicians/Tech-Temps under contract or employed by you full/part time. (Please include a separate sheet for additional names)</b>					
Technician Name:		Address:		License #:	
Technician Name:		Address:		License #:	
Technician Name:		Address:		License #:	
<b>CORPORATE/PARTNERSHIP/LLC INFORMATION – (Please include a separate sheet for additional names)</b>					
Officer Name:			Title:		
Residence Address:					
State:	Zip:	Birth Date:		Social Security #:	
Officer Name:			Title:		
Residence Address:					
State:	Zip:	Birth Date:		Social Security #:	
<b>Have you or any of your officers or employees ever been convicted of: (If so, please attach letter of explanation.)</b>					
Violent Crimes		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sexual Offenses		<input type="checkbox"/> Yes <input type="checkbox"/> No		Theft or Fraud Related Offenses <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment and Workers Compensation Insurance:					
Name of Insurance Company:					
Address:		City:		State:	Zip:
Policy #:		Expiration Date:			
Liability Insurance		You must submit a certificate of insurance verifying commercial general liability insurance with limits of liability of not less than \$250,000 for both, each occurrence and aggregate limits. The policy shall contain products and completed operation coverage with a minimum of \$250,000 aggregate limit. Additionally, these certificates of insurance shall name Metro Government as a certificate holder.			

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of chapter §127 or failed to provide all the information required by §127.08. I understand Violation of §127.08 shall be sufficient cause for refusal to issue a license or to revoke a license.

I further understand that the above information will be used by the Louisville Metro Police Department to issue an alarm business license and any untruthfulness or falsification with an intent to mislead may result in my prosecution under Kentucky Revised Statute 523.100.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM MUST BE NOTORIZED:**

Subscribed and sworn before me \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Applicant's signature

Notary Public: \_\_\_\_\_ (Seal)

State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_